



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 4949

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/674,972	09/30/2003 RULE	623	3734	37621/52813		
<b>APPLICANTS</b> Eric K. Mangiardi, Charlotte, NC; Jason M. Reynolds, Charlotte, NC; Ulf R. Borg, Cornelius, NC; Tony D. Alexander, Charlotte, NC;						
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/288,615 11/05/2002 PAT 7,527,644						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/22/2003						
Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	/KEVIN THAO TRUONG/ Examiner's signature	Initials	NC	5	50	4
<b>ADDRESS</b> MERIT MEDICAL SYSTEMS, INC. C/O STOEL RIVES, LLP ONE UTAH CENTER 201 SOUTH MAIN STREET -- SUITE 1100 SALT LAKE CITY, UT 84111 UNITED STATES						
<b>TITLE</b> Removable biliary stent						
<b>FILING FEE RECEIVED</b> 752	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees			
			<input type="checkbox"/> 1.16 Fees (Filing)			
			<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)			
			<input type="checkbox"/> 1.18 Fees (Issue)			
			<input type="checkbox"/> Other _____			
<input type="checkbox"/> Credit						